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SOME REMARKS

ON THE TREATMENT OF

SPASMODIC ASTHMA,

BY

RICHARD B. FAULKNER, M. D.,

OF THE COLLEGE OF PHYSICIANS AND SURGEONS, COLUMBIA COLLEGE, N. Y.



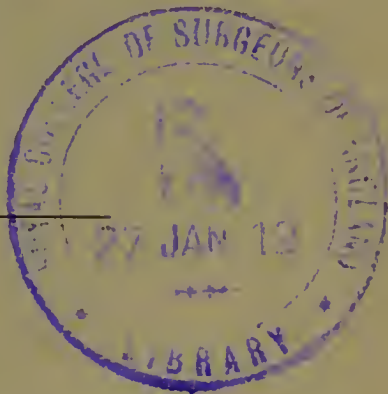
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In the smoky city of Pittsburgh, quite well known throughout the United States as a resort for the bettering of those afflicted with asthma, we have a great deal of that disease. There are here many residents, natives of our city, sufferers from asthma. Yet there is in Pittsburgh, (Allegheny is only a suburb) the smokiest and heaviest atmosphere of any city perhaps on the continent. Dr. Hyde Salter, of London, says that an urban residence is preferred for asthmatics, and more especially that portion of a city in which the atmosphere is the heaviest and smokiest. Yet again, notwithstanding the opinion of so high an authority, it seems to me, through actual experience here, that those benefitted by a Pittsburgh residence are strangers, and are relieved according to the rule in this disease, that travel and *change* will bring relief—the centres of relief being elsewhere as well as here.

I speak of pure nervous or spasmodic asthma—a disease in which I recognize two pathological elements: 1, *nervous spasm* of the bronchial tubes; 2, *hyperæmia*, approaching or amounting to inflammation. Difficult breathing involves all the physical signs. The *rales* have a *double character*—*id est*, they occur *both in inspiration and in expiration*. This I recognize, with Prof. Alonzo Clark, as a *sure sign* of spasmodic asthma.

In this disease I have tried, in vain, everything mentioned by the best authorities in therapeutics. Morphine I have relied on mostly; then nauseants and antispasmodics, *ad infinitum*.

On the first day of last April I was called to attend a lady, aged fifty years, whom I had attended at different times for over three years. On that day commenced the most violent attack of asthma she had ever had. Until the 10th day of May she had never left her room—scarcely ever the chair in which she sat. Breathing was difficult, without intermission. So much medicine had I given her that now I was beginning to fear the result in her case. Morphine quieted her, but as soon as I diminished its quantity the dyspnoea returned as bad as ever. At last her limbs became very much swollen; she became very weak, having had no appetite at all. I feared emphysema; I feared a termination of my case in dissolution. The lady had been a life-long sufferer from asthma; was a farmer's wife, but for over three years has been a resident of this city and a lady of leisure. As a last resort the idea arose in my mind, and I applied counter-irritation over the pneumogastric nerves from the upper part of the thyroid cartilage to near the upper borders of the clavicles,

with tincture of iodine, even to blistering, when relief followed so rapidly and completely as to make me doubt that it was due to my application. In twenty-four hours the lady was greatly improved, and within forty-eight hours from the time of painting her neck *her asthma had disappeared entirely*. I was not satisfied, but had determined to paint her again so soon as the asthma returned. It has not yet returned. After the paroxysm had terminated, she took iodide of potash for several weeks, and has been better than ever before in her life.

The next case is that of a gentleman, æt. 42 years, a farmer. He has had spasmodic asthma all his life. His mother had it through her lifetime. He had been having attacks, growing worse every night, for a long time. I at once applied *counter-irritation over the pneumogastric nerves* in the neck, and placed him on iodide of potash. The night of the day on which I painted him (August 12th) he slept. He said that "he never saw relief come so quick. That last night was the most pleasant night he ever had."

Case III—Gentleman, æt. 32, afflicted with spasmodic asthma since he was two years old. Had been having attacks every night. I painted his neck with iodine, making a streak about half an inch in width, and ordered potash internally. I cured the paroxysms.

All I have observed and all I claim for this treatment is relief of the paroxysm; and, thus far in my experiment, of the first paroxysm in which it is applied, because the patients have had no more since I first applied it, but all continue better.

These are three cases, consecutive, and all made better. It is a very limited number, but recollect they are consecutive cases of pure spasmodic asthma, which have occurred within five months in my practice, and as I may receive no new cases for some time, I speak of them for what it may be worth.

Since the above article was written I have seen the reported cases. The first has continued better; the second and third stopped the iodide after one week, and both became again asthmatic. I again directed painting over pneumogastrics, followed by complete relief, and directed potash to be taken for a considerable time.

My friend, Dr. J. M. Lee, of Pittsburgh, reported to me a case in his service at the Mercy Hospital, of uncomplicated spasmodic asthma so severe that he had become alarmed for his patient's safety, when Dr. T. C. Christy drew his attention to my article in the *Medical Record*, which he had just received that evening, and suggested "that the patient be placed on Faulkner's treatment." The man had been suffering a week—growing steadily worse. Dr. Christy's suggestion was acted upon, and Dr. Lee reports the effect to have been "brilliant;" relief came rapidly and completely. The man unceremoniously left the hospital next day, remarking that "he was well and there was no use in remaining longer."